

Required under Ordinance 4

**CITY OF FRANKFORT
REGULATORY LICENSE FEES**

ORIGINAL-MAIL THIS COPY

Check payable to: **DIRECTOR OF FINANCE, CITY OF FRANKFORT**
Mail to: **LICENSE FEE DIVISION**
P.O. Box 697
Frankfort, KY 40602
PHONE: (502) 875-8504
FAX #: (502) 875-8502

ACCOUNT #	YEAR ENDING	DATE DUE

1. License fee due _____
2. Penalty 10% _____
3. Interest ½ of 1% per month _____
4. TOTAL (includes lines 2 & 3 if due) _____

Signature _____

State on this return if there has been any change in name, ownership, address, etc. If it is a "FINAL RETURN" explain on reverse side.

Title

Date